## PATENT APPLICATION FEE DETERMINATION RECORD Effective COUNTY, 2003

Application or Docket Number

09/828842

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS								RATE	FEE .	1	RATE	FEE
FOR			NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	*385	OR	BASIC FEE	3770
TO	OTAL CHARGE	ABLE CLAIMS	minus 20= *					X\$ <del>Q</del> =		OR	X\$ 8.=	
INDEPENDENT CLAIMS			minus 3 = *					X43=		OR	X8b=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				. :					
t If the difference is not your tip less than your optor "O" in column 2								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<u> </u>	ÓR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							١	SMALL	ENTITY	OR	OTHER'	
AMENDMENTA	i deperações	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		·RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
5	Total	. 17	Minus	20	)	- /		x\$ <b>Q</b> =		OR	X\$ 8=	• .
E E	Independent	. 3	Minus	*** 3	<u> </u>	-/-		X13=	·	OR	126-	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	+145:=		OR	<b>₩</b>	
1/29/14 RCE filed 2/24/0								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	4	Minus	**		<b>a</b> ,		х <b>!</b> Ч=.		OR	X\$/8=	
ME	Independent	*	Minus	***		25		XV3=		OR	×86=	
4	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	LTIPLE DEPENDENT CLAIM			1				+290=	
							. [	+145= TOTAL		OR	TOTAL	÷
•				· .				ADDIT, FEE		OR	ADDIT: FEE	
· .		(Column 1) CLAIMS		(Colun		(Column 3)	1 6	····	ADD!	.1		ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		x\$Q=	-	OR	X\$(8:=	
ME	Independent	*	Minus	***		=	11	X13=		OR	X86	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												,
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOH ADDIT. FEE												
•	The Highest Num	ber Previously Pais	For (Total or	Independe	nt) is the	highest number	er fou	nd in the app	ropiia!e box	in col	umn 1,	